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APPLICANTS

Suhail S. Saquib, Shrewsbury, MA;

\*\* CONTINUING DATA \*\*\*\*\* *Verified AB*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Verified AB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 09/19/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Arundhatnagar AB</i> Examiner's Signature Initials	STATE OR COUNTRY MA	SHEETS DRAWING 12	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 6
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ADDRESS  
 20349  
 POLAROID CORPORATION  
 PATENT DEPARTMENT  
 1265 MAIN STREET  
 WALTHAM , MA  
 02451

TITLE  
 Aliasing artifact attenuation system

FILING FEE  RECEIVED 1446	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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